

# Withdrawing an appeal or claim

Use this form if you wish to withdraw your or your child's appeal or claim

Appeal/claim number

Name of local authority or responsible body

Name of child/young person

Hearing date

/ / 

## You must fill in this section

This notice of withdrawal must be signed by the same person (or people) who signed the notice of appeal or claim form.

- I wish to withdraw my appeal/claim to the Special Educational Needs and Disability tribunal
- I understand that you will not take any further action on this appeal/claim

Name of parent/young person

Name of parent

Signature

Signature

Date

/ / 

Date

/ / 

## For monitoring purposes

It would be helpful to know why you want to withdraw your appeal. Please tick the most appropriate box.

- |  |   |
|--|---|
| <input type="checkbox"/> The local authority have agreed with my appeal                        | <input type="checkbox"/> I have changed my mind   |
| <input type="checkbox"/> I have reached an agreement with the local authority/responsible body | <input type="checkbox"/> I have reached an agreement with the local authority/responsible body using a disagreement resolution or mediation service |
| <input type="checkbox"/> Another reason (please give details in the box below)                 |   |

### Please return your completed form to:

Special Educational Needs and Disability Tribunal  
1st Floor, Darlington Magistrates Court  
Parkgate  
Darlington  
DL1 1RU